

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6J00301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/10/2015
---	--	--	--

NAME OF PROVIDER OR SUPPLIER HEARTLAND OF CHAMPAIGN	STREET ADDRESS, CITY, STATE, ZIP CODE 309 EAST SPRINGFIELD CHAMPAIGN, IL 61820
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

S9999 Final Observations

S9999

STATEMENT OF LICENSURE VIOLATIONS:

Section 300.655a)b)c)d1)

a) Each employee shall have an initial health evaluation which shall be used to insure that employees are not placed in positions which would pose undue risk of infection to themselves, other employees, residents, or visitors.

b) The initial health evaluation shall be conducted not more than 30 days prior to the employee beginning employment in the facility. The evaluation shall be completed not more than 30 days after the employee begins employment in the facility.

c) The initial health evaluation shall include a health inventory. This inventory shall be obtained from the employee and shall include the employee's immunization status and any available history of conditions which would predispose the employee to acquiring or transmitting infectious diseases. This inventory shall include any history of exposure to, or treatment for, tuberculosis. The inventory shall also include any history of hepatitis, dermatological conditions, or chronic draining infections or open wounds.

d) The initial health evaluation shall include a physical examination. The examination shall include at a minimum any procedures needed in order to:

1. Detect any unusual susceptibility to infection and any conditions which would increase the likelihood of the transmission of disease to

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/10/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF CHAMPAIGN		STREET ADDRESS, CITY, STATE, ZIP CODE 309 EAST SPRINGFIELD CHAMPAIGN, IL 61820		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>residents, other employees, or visitors.</p> <p>These requirements are not met as evidenced by the following:</p> <p>Based on record review and interview the facility failed to follow their infection control screening policy for new employees. This policy requires the maintenance of employee immunization records. This failure resulted in 148 employees (E1-E148) without immunization records, to have contact with 68 residents who reside in the facility.</p> <p>Findings include:</p> <p>The "Facility Data Sheet, In-House Census" dated 9/3/15, documents 68 residents.</p> <p>The facility policy "Infection Control Prevention, Employee Health" dated May 2013 documents the following:</p> <p>"An integral part of infection control guidelines is the employee health guidelines. The components include: medical evaluations, employee education, immunization programs, job related illnesses and exposures management, health counseling and health records maintenance. Before job placement, a medical evaluation can ensure that employees are not placed in jobs that may pose undue risk of infection. The evaluation includes a health inventory and a physical examination. During completion of the health inventory, the (immunization) status and history of any conditions that might predispose the employee to acquire or transmit communicable diseases is investigated. The physical examination is used to screen employees for conditions that might increase the risk of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/10/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF CHAMPAIGN			STREET ADDRESS, CITY, STATE, ZIP CODE 309 EAST SPRINGFIELD CHAMPAIGN, IL 61820		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 2 transmitting or acquiring work related diseases....Refer to state requirements regarding employee physical exams... Maintaining records of medical evaluations, immunizations, exposures, post-exposure prophylaxis and screening tests allow for efficient monitoring of health status of employees. Individual records for employees are maintained in accordance with OSHA medical record standards, requiring the center to retain records separate from the rest of the employee file, maintain confidentiality by not disclosing or reporting any information without the employee's expressed written consent to any person within or outside the workplace, except as required by law, provide records to employees when asked to review and maintain the records for the duration of employment plus thirty years." The undated facility protocol "Company Protocol" documents "(the local hospital occupational medicine) authorization for pre-placement physical includes Work Ability, Urinalysis Dipstick, Visual Acuity and Color Vision, Vital Signs (height, weight, blood pressure and pulse)." On 9/10/15 at 9:25 am, Z7, Registered Nurse / Certified Occupational Health Nurse (local hospital) stated "We do not do any immunization review nor do we administer immunizations. If the facility does (require immunizations) they fulfill those requirements elsewhere. It is not required by (our facility) care protocol here with us." On 9/10/15 at 1:00 pm, Z5, Medical Director stated " We want patients safe. Employees need to be looked at. We want healthy employees....It will be required to maintain immunization records as the policy states." On 9/10/15 at 8:00 am, E2, Director of Nursing /	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/10/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND OF CHAMPAIGN			STREET ADDRESS, CITY, STATE, ZIP CODE 309 EAST SPRINGFIELD CHAMPAIGN, IL 61820		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 3 Infection Control Preventionist stated "I'm not sure that our corporation requires that we get immunization records as part of screening. I'm not aware that it's a requirement for staff being hired here. I see it's in our policy..." On 9/10/15 at 8:55 am, E4, Human Resource Director stated " I have been here nine years and have never required the new hires to show records of immunizations therefore, I have none on any current employees." On 9/10/15 at 8:35 am, E14, Assistant Director of Nursing stated "I have worked here a little over two months and I was not told it was a requirement to show proof of immunizations." On 9/10/15 at 8:40 am, E15, Certified Nursing Assistant (CNA), stated "I worked here since the end of April (2015). I did do a Hepatitis series but my other immunizations were not asked for." On 9/10/15 at 8:45 am, E8, CNA, stated " the facility told me to get a physical but did not tell me I needed a copy of my immunizations." On 9/10/15 at 8:50 am, E16, Cook, stated "The facility required a TB (Tuberculosis) test and a Hepatitis test. I don't know of any other requirements, they didn't say." On 9/10/15 at 1:30 pm, E148, Administrator stated "we have 148 employees." (B)	S9999			